

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097869347

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19	1					
20		①		1		
21		1		1		
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42				1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓ 2		↓		↓
TOTAL DEP.		↓ 34		↓		↓
TOTAL CLAIMS		↓ 36		↓		↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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